

# **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-0047

▶ Do not enter social security numbers on this form as it may be made public.

Open to Public

Dep	artment o	f the Treasury nue Service			v/Form990 for in		=	-	10.	Inspec			
A			ıdar year, or tax year		January 1	00.15	and ending		mber 31	, 20 17			
B			Name of organization V			<u></u>				er identification n	umber		
$\bar{\Box}$		change	Doing business as							45-3771715			
Ħ	Name cl	· F	Number and street (or F	O box if mai	I is not delivered to	street address)	Room/suit	te	E Telephone number				
$\sqcap$	Initial return 220 S. 27th Street Ste C												
$\overline{\sqcap}$		rn/terminated	City or town, state or pr	ovince, counti	ry, and ZIP or foreig	n postal code				(406) 869-1938			
	Amended return Billings, MT 59101 G Gross red										232,737		
	Applicat	tion pending	F Name and address of pr	ncipal officer	Marci McLear	1		H(a) Is this a g	roup return for s	ubordinates? <b>Yes</b>	₃ ✓ No		
		];	301 N. 27th Street, Bil	lings MT 59	101			H(b) Are all	subordinates	included? Tes	3 🗌 Na		
ī	Tax-exe	mpt status	✓ 501(c)(3)	501(c) (	) ◀ (insert no	) 🔲 4947(a)(1) or	527 /	If "N	lo," attach a	list (see instruction	ons)		
J	Website	e: ► www	.westernnativevoice.	org		F		H(c) Group	exemption i	number 🟲			
K		organization 💽	Corporation Trust	Associati	on ☐ Other ►	, LY	ear of formati	on <b>2011</b>	M State of	of legal domicile	MT		
P	art I	Summa	<del></del>			! <u></u>							
	1	Briefly des	scribe the organizati	on's missio	on or most sign	ıfıcant activities	s. We inst	oire Native l	eadership	so our			
ခို	1	communit	ies flourish. We foste	r positive s	ocial change the	rough leadershi	p, engagen	ent, educa	ion, and a	dvocacy.			
nan													
Activities & Governance	2		s box ▶☐ If the org				disposed o	f more than	1 1	ts net assets.			
ဗိ	3		f voting members of	-					3		5		
•ర ഗ	4		f independent voting	-	_		-				5		
ij	5		ber of individuals er		-	2017 (Part V, Iır	ne 2a) .		5		31		
¥	6		ber of volunteers (es						6		0		
ĕ	7a		lated business reve						7a		0		
	<u> </u>	Net unrela	ited business taxabl	e income fi	rom Form 990	l line 34			7b	<del></del>	0		
	_					ECEIVE	)   -	Prior Y	<del>+</del>	Current Y			
ē	8		ons and grants (Par		, -, ,		- ان −		499,755		315,806		
ē	9	Program s	service revenue (Par nt income (Part VIII, e	t VIII, line 2	9)   S   MA	Y 2 7 2019	·  Ø		23,074		116,124		
Revenue	10	Investmer	nt income (Part VIII, e	column (A),	line\$ 3, 4, and	7d)& & &U.10	. S-08C		21		27		
_	11	Other reve	enue (Part VIII, colur	nn (A), lines	5, 6d, 8 <del>c, 9</del> e,	10c, and 11e)	- 1.021		(4,871)		(2,126)		
_	12		nue-add lines 8 thro				fine 12)		517,979	<del></del> _	429,831		
	13		d similar amounts p				<u> </u>		+				
	14		aid to or for membe										
es	15		ther compensation, e		•		) <del></del>		221,357		232,737		
ë	16a		nal fundraising fees	-									
Expenses	b		raising expenses (P				23,806				404.040		
_	''	-	enses (Part IX, colur				;. ·		184,704		121,043		
	18		enses. Add lines 13- less expenses. Subt						406,061		253,780		
	19	nevenue	ess expenses. Subi	ract line 10	Tromme 12 .			eginning of Ci	111,918	End of Ye	76,051		
Net Assets or	20	Total asse	ets (Part X, line 16)				<del> </del>	3	269,322	<del></del>	342,928		
Asse	21		lities (Part X, line 16)				· · ·		20,004		17,558		
Net D	22		s or fund balances.		e 21 from line 2	20	` · ·		249,318		325,370		
	art II		ure Block	Subtract III	O E I HOITIMO E		·		243,310		320,370		
			y, I declare that I have exa	amined this re	turn, including acco	mpanying schedul	es and staten	nents, and to t	he best of m	v knowledge and	belief, it is		
			te Declaration of prepare							,g			
			a. mc										
Si	gn	Signa	ture of officer		<del></del>			Da	ite _ /	1			
	ere	n	lacc: MCL	01. n	Exerciti	oe Directo	<i>م</i> اد		``` <i>5/14</i>	118			
		Type	or print name and title	<u>ean</u>		<u> </u>	<u> </u>						
_			e preparer's name	I	Preparer's signature		Dat	e	Check [	7 if PTIN			
	aid								self-empl				
	epare		me Þ		_ <del></del>	<del></del> -		Firr	n's EIN_►	<del>·</del>			
U	se On	Firm's ad							ne no.				
Ma	ay the If		this return with the	preparer sh	nown above? (s	ee instructions	s)	· · · ·		Yes	s 🗌 No		
_	<u> </u>		tion Act Notice, see t					. 11282Y		Form 9	990 (2017)		

Form	990	<b>(</b> 2017)	

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Part	I Sta	stement of Program Service Accomplishments	
		eck if Schedule O contains a response or note to any line in this Part III	
1	Briefly d	escribe the organization's mission:	
		Native Voice is a nonprofit, nonpartisan, social justice organization working to inspire Native American leadership so our	
	commun	ties flourish. We foster positive social change through leadership, engagement, education, and advocacy.	
2	Did the d	organization undertake any significant program services during the year which were not listed on the	
_		m 990 or 990-EZ?	o
	If "Yes,"	describe these new services on Schedule O.	
3		organization cease conducting, or make significant changes in how it conducts, any program	
	services		٥
		describe these changes on Schedule O.	
4		the organization's program service accomplishments for each of its three largest program services, as measured s. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to othe	
		expenses, and revenue, if any, for each program service reported.	rs,
	tilo total	oxponess, and revenue, it any, for each program control repented.	
	(Code:	) (Expenses \$ 113,913 including grants of \$) (Revenue \$)	_
		ity Building and Engagement We hosted community forums in multiple locations across Montana to bring together local	
		nd community members and discuss issues of importance to Montana's Native communities. One of the issues raised	
		ese community forums was the prohibition of native regalia at public ceremonies like graduation. We advocated for	
	legislatio	n that would formally allow native regalia at graduations and it passed during the 2017 session.	
		ded pow wow's and tribal college events across Montana and connected with students and community members on issues	
		social justice and public policies that affect their daily lives.	
		ipated in regional discussions related to diversity, equity, and inclusion. We are working to increase the level of inclusion	- <b>-</b>
	of diverse	e cultures in the workplace and social fabric to increase opportunitie for collaboration and participation for all.	<b>-</b>
4b	(Code:	) (Expenses \$ 92,555 including grants of \$ ) (Revenue \$ )	_
	Leadersh	ip Development. We engaged with groups across the country to create leadership development and training opportunities	
		sted the Indigenous Movements Interchange which brought together members of Indigenous populations in Montana to	
		mon ground, support, and opportunities to collaborate on shared issues. We also participated in, and presented at, various	
		ces throughout the year and shared our experiences and what we have learned through our polling, canvassing, and direct	
		ent work in Montana's Native communities.	
		ths who have participated in our leadership development programs have advanced to leadership roles like tribal council,	
	TERO (Tr	ibal Employment Resource Office) Boards, and governance positions with other nonprofit organizations.	
	~		
4c	(Code:	) (Expenses \$ 93,179 including grants of \$ ) (Revenue \$ )	
	Civic Par	ticipation: We trained and supervised a staff of community organizers who worked in their local communities to educate	
		ers on the special election process. They also worked to help eligible voters register to vote and make arrangements to	
	reach the		
		ontana's legislative session, we kept our audience informed on the status and progress of proposed legislation of interest	
		voters. We hosted a Native Day of Action in which we helped Native Americans from across Montana travel to Helena	
		ith legislators directly and discuss issues of importance to their communities.	
		d community members prepare testimony on proposed legislation. We used social media and other tools to inform our	
		of opportunities to participate in the public policy process.  minated complicated information in a clear and relevant way to our members so that they were able to make the connection	 1
		the public process and the affects that can be felt in their daily lives. In the process, we inspired members to take action	
		ike they belong in the public conversation.	
	2110 10011	NO NOT 2000.3 Prop. 200.000.000.	
4d	Other pro	ogram services (Describe in Schedule O.)	_
	(Expense	es \$ including grants of \$ ) (Revenue \$ )	
4e	Total pro	gram service expenses   299,647	_



art	Checklist of Required Schedules		,	
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		Yes	No
_	complete Schedule A	1	<b>V</b>	ļ
2 3	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3	<b>✓</b>	1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	1	<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III			1
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		\ \ \
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<b>√</b>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.	9		<b>√</b>
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		<b>✓</b>
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			1 7 1 1 1 1 1 1 1
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	<b>√</b>	_
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		✓
C	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		✓
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		✓
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11e		<b>√</b>
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	<b>√</b>	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<b>√</b>
14 a b	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	14a		<b>V</b>
	fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		<b>√</b>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<b>\</b>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		<b>√</b>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		<b>√</b>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		<b>√</b>
19 ——–	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?  If "Yes," complete Schedule G, Part III	19		✓
		Earn	agn.	(2017)

Part l	V Checklist of Required Schedules (continued)								
			Yes	No					
_	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	ļ	✓					
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b							
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or								
	d omestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		/					
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			١.					
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<b>/</b>					
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the								
	organization's current and former officers, directors, trustees, key employees, and highest compensated			,					
	employees? If "Yes," complete Schedule J	_23_		<b>✓</b>					
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	'							
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a			1					
		24a		<u>/</u>					
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year	24b		<b>V</b>					
C	to defease any tax-exempt bonds?	24c							
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c		<b>V</b>					
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	240		<b>V</b>					
200	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		1					
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	200		<u> </u>					
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?	] .							
	If "Yes," complete Schedule L, Part I								
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any	25b							
	current or former officers, directors, trustees, key employees, highest compensated employees, or								
	disqualified persons? If "Yes," complete Schedule L, Part II	26		✓					
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,								
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled								
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		✓					
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,								
	Part IV instructions for applicable filing thresholds, conditions, and exceptions).								
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV .  A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	28a		<b>✓</b>					
b	Schedule L, Part IV	28b		/					
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	200		·					
C	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		1					
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		·/					
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified								
	conservation contributions? If "Yes," complete Schedule M	30		✓					
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,								
	Part I	31		✓					
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"								
	Complete Schedule N, Part II	32	[	✓					
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	i i							
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		✓_					
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,								
	or IV, and Part V, line 1	34		<b>√</b>					
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		✓					
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	256							
26	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	35b							
36	related organization? If "Yes," complete Schedule R, Part V, line 2	36		✓					
27	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		<u> </u>					
37	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,								
	Part VI	37	[	✓					
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	<del> </del>							
	19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	38	1						
		<u></u>							

Part	V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			. 🗆
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b	1	1	
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			-
	reportable gaming (gambling) winnings to prize winners?	10	1	<u> </u>
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	Ì		
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 3		<u> </u>	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	<b>✓</b>	Ļ
•	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	<u></u> -	<b> </b> -	-
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	-	✓
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.	3b	-	┼
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial		İ	
	account)?	4a	ł	1
b	If "Yes," enter the name of the foreign country	40	<del> </del>	<del>  `-</del> -
D	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts		l	1
	(FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		1
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		†
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a	Ì	1
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		1
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			<u> </u>
	and services provided to the payor?	7a		✓_
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	ļ	<u> </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	l _		١,
	required to file Form 8282?	7c	<u> </u>	<b>✓</b>
d	If "Yes," indicate the number of Forms 8282 filed during the year			-
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?.	7e 7f		1
f	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	<del> </del>	<b>√</b>
g h	If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?	79 7h	_	\ <u>\</u>
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	<del>  '''</del> '	<del> </del> -	\ <u> </u>
Ŭ	sponsoring organization have excess business holdings at any time during the year?	8		<del> </del>
9	Sponsoring organizations maintaining donor advised funds.	<u> </u>		<b> </b>
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b	}	1	1
11	Section 501(c)(12) organizations. Enter:		1	
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			ļ
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			<u> </u>
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	L	<del>                                     </del>
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	l		1
_				1
С	Enter the amount of reserves on hand	1	L	I

14a Did the organization receive any payments for indoor tanning services during the tax year? .

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

14a

14b

Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S	ee ins	struct	ions.						
Secti	Check if Schedule O contains a response or note to any line in this Part VI	<u>· ·</u>	<u> </u>	. Ц						
0001	organisation and the state of t		Yes	No						
1a	Enter the number of voting members of the governing body at the end of the tax year La 5									
	If there are material differences in voting rights among members of the governing body, or	ĺ		[						
	if the governing body delegated broad authority to an executive committee or similar	1								
	committee, explain in Schedule O.	ĺ								
ь	Enter the number of voting members included in line 1a, above, who are independent . Let 5 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with		l	-						
2	any other officer, director, trustee, or key employee?	2		1						
3	Did the organization delegate control over management duties customarily performed by or under the direct			\ <u> </u>						
	supervision of officers, directors, or trustees, or key employees to a management company or other person? .									
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?									
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		✓						
6	Did the organization have members or stockholders?	6		✓_						
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	7a		1						
h	one or more members of the governing body?									
D	stockholders, or persons other than the governing body?	7b		1						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			<del>'</del>						
	the year by the following:									
а	The governing body?	8a	✓							
b	Each committee with authority to act on behalf of the governing body?	8b	<b>\</b>	ļ						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		1						
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue		nde )	<b>_</b>						
0001	or an energy from a contain a requestion members are a contained by the internal records		Yes	No						
10a	Did the organization have local chapters, branches, or affiliates?	10a		✓_						
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,									
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b 11a	<b>√</b>							
11a										
b 12a	Describe in Schedule O the process, if any, used by the organization to review this Form 990.  Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	1							
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	<b>▼</b>							
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"									
	describe in Schedule O how this was done	12c	✓							
13	Did the organization have a written whistleblower policy?	13	✓							
14	Did the organization have a written document retention and destruction policy?	14	<b>√</b>							
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?									
а	The organization's CEO, Executive Director, or top management official	15a	<b>√</b>							
b	Other officers or key employees of the organization	15b	1							
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			-						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement									
	with a taxable entity during the year?	16a		✓						
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its									
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b								
Secti	on C. Disclosure	100	1							
17	List the states with which a copy of this Form 990 is required to be filed ▶ none									
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	501(	c)(3)s	only)						
	available for public inspection. Indicate how you made these available. Check all that apply.									
40	Own website Another's website Upon request Other (explain in Schedule O)	VC -1	- مار -							
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of inte financial statements available to the public during the tax year.	rest p	טווטכ	, and						
20	State the name, address, and telephone number of the person who possesses the organization's books and rec	ords:	<b>&gt;</b>							
	Marci McLean, 220 S 27th Street, Billings MT 59101, (406) 869-1938									

_			
Form	990	<i>(</i> 2017)	

Form 990 (2017)

Part VII	Compensation of Officers,	Directors,	Trustees,	Key Employees,	Highest Compense	ated Employees,	and
	Independent Contractors						

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors, institutional trustees, officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization no	r any relate	d orga	anız	atic	n c	ompe	nsa	ited any curren	t officer, directo	r, or trustee.
(A)	(B)	(C) Position						(D)	(E)	(E)
(A) Name and Title	Average hours per week (list any	box, i	unles er and	s pe dad	rson	e than o is both or/trust	n an tee)	Reportable	Reportable compensation from related	(F) Estimated amount of other
	hours for related organizations below dotted (ine)	Individua or directo	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Joinnell Barcus Director	1	✓						o	0	0
(2) Pat Smith	1									
Director		✓						o	0	0
(3) Kassie Runs Above Chair of the Board	2			<b>√</b>				0	0	0
(4) Norma Bixby	1									
Vice Chair				✓				o	0	0
(5) Lea Whitford	1			1						0
Secretary / Treasurer (6)				Ť				0	0	0
(7)		-								
(8)										
(9)										1
(10)						-				
(11)										
(12)										
(13)		_								
(14)								ļ		

Part	(A)  Name and title	(B)  Average hours per week (list any hours for related organizations below dotted line)	(do no box, office or directo	ot ch unles	Posi eck i s pei	tion more	than of the state	one n an	(D)  Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related		on n
			stee	ustee		w.	ensated					ınızatıor	
(15)													
(16)													
(17)													
(18)			-		7								
(19)					_		-						
(20)					7		_		<u> </u>		<del></del>		
(21)					-							<u>.</u>	
(22)					-	_						<del>-</del>	
(23)					-	_	!						
(24)					-								
(25)				-				i			<del>-</del>	<del></del>	
1b c d	Sub-total		n A				· ·	<b>A A</b>	0 0	0			0 0
2	Total number of individuals (including but reportable compensation from the organi		to th	ose	liste	ed a	above	e) wl	no received mo	ore than \$100,00	0 of		
3	Did the organization list any former of employee on line 1a? If "Yes," complete 8							mp	loyee, or high	est compensate	d	Yes	No V
4	For any individual listed on line 1a, is the organization and related organizations individual												<b>√</b>
5	Did any person listed on line 1a receive of for services rendered to the organization?										al 5		1
Section	on B. Independent Contractors												<u> </u>
1	Complete this table for your five highest of compensation from the organization. Repyear.												ax
	(A) Name and business address								(B) Description of se	ervices	(C) Compen		
None													<u> </u>
					_			_					<del></del>
					~								
2	Total number of independent contractor received more than \$100,000 of compensations.							the	ose listed abo	ove) who			
				_		_			<u>_</u>		For	m <b>990</b>	(2017)

Part	VIII	Statement of Revenue		منطة مانم مانم	Dod VIII		
		Check if Schedule O contains a res	ponse or note to	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts	<b>1</b> a	Federated campaigns 1a					
our	b	Membership dues 1b_		j			
Am Am	С	Fundraising events 1c_					'
Gif	d	Related organizations <u>1d</u>					
ns,	e	Government grants (contributions) 1e					
Contributions, Gifts, Grants and Other Similar Amounts	f	All other contributions, gifts, grants, and similar amounts not included above					
of the	_	and similar amounts not included above 1f  Noncash contributions included in lines 1a-1f \$	315,806				
ont	g			315,806	ļ		
9	'	Total / Ida in as Ta Ti	Business Code	313,000			
enn	2a	Seminar Revenue	541990	5,000	5,000		\
Rev	b	Reimbursements	900099	111,124	111,124		
)Ce	С						
Sen	d						<u> </u>
аш	е		<u> </u>				ļ <del>_</del>
Program Service Revenue	f	All other program service revenue	L		- <u></u>		<u> </u>
	<u>g</u> 3	Total. Add lines 2a-2f		116,124			T
	3	and other similar amounts)		27	27		
	4	Income from investment of tax-exempt be	<u> </u>				<del></del>
	5	Royalties	· -		,		
		(ı) Real	(ii) Personal				
	<b>6</b> a	Gross rents					
	b	Less rental expenses		1			ļ
	C	Rental income or (loss)	L				
	d	Net rental income or (loss)  Gross amount from sales of (i) Securities	(II) Other				
	7a	assets other than inventory	(ii) Other				
	b	Less cost or other basis					
		and sales expenses .	<u> </u>		j		]
	C	Gain or (loss) .	<u> </u>				
	d	Net gain or (loss)	<u>, ▶</u> }				
Other Revenue	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18					
þer				1			
ō	b	Less' direct expenses <b>b</b> Net income or (loss) from fundraising	L				
		Gross income from gaming activities.	events .				<u> </u>
		See Part IV, line 19 a					
	b	Less direct expenses b		į			
	С	Net income or (loss) from gaming acti	ivities ►				
	10a	Gross sales of inventory, less returns and allowances a	220				
	ь	Less: cost of goods sold b			1		
	С	Net income or (loss) from sales of inv	entory .	(2,126)	(2,126)		
		Miscellaneous Revenue	Business Code				
	11a						<del>                                     </del>
	b		<del></del>				<del> </del>
	9	All other revenue	<del> </del>				<del> </del>
	de	Total. Add lines 11a-11d	<u> </u>				<del> </del>
	12	Total revenue. See instructions.	· · · -	429,831	(2,099)		†
	<b></b>			-1501001	12,000)		Form <b>990</b> (2017)

	Statement of Functional Expenses				
Section	on 501(c)(3) and 501(c)(4) organizations must con				
	Check if Schedule O contains a respon		ne in this Part IX .	<u> </u>	<u> </u>
	nt include amounts reported on lines 6b, 7b, o, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 8	Other salaries and wages	195,473	186,085	4,641	4,747
_		5,100	4,696	200	204
9 10	Other employee benefits	13,914 18,250	13,192 17,388	357 427	365 435
11	Fees for services (non-employees).	10,230	17,300	421	433
a	Management				
b	Legal	488	0	488	0
c d	Lobbying	4,100		4,100	0
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) .	_29,437	1,229	17,941	10,267
12	Advertising and promotion	186	55	81	50
13	Office expenses	14,444	9,764	678	4,002
14 15	Information technology	4,291	4,121	84	86
16	Occupancy	7,535	7,101	215	210
17	Travel	20,636	17,300	215	219 3,090
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	20,030	17,300	140	3,030
19	Conferences, conventions, and meetings .	31,619	30,597	776	246
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .	2,369	2,181	93	95
23	Insurance				
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				·
а	Public Outreach Events	5,138	5,138	0	0
b	Scholarships	800	800	0	0
C					<del></del>
d e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	353,780	299,647	30,327	23,806
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if	333,780	255,047	30,327	23,000

P	art X	Balance Sneet			
		Check if Schedule O contains a response or note to any line in this Pai			. <u> </u>
			<b>(A)</b> Beginning of year		<b>(B)</b> End of year
_	1	Cash—non-interest-bearing	254,479	1	327,617
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	3,249	4	4,053
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
Ş	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net		7	
As	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	2,873	9	4,906
	10a	Land, buildings, and equipment cost or			
		other basis. Complete Part VI of Schedule D 10a 11,845			
i	b	Less: accumulated depreciation 10b (5,493)	8,721	10c	6,352
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	269,322	16	342,928
	17	Accounts payable and accrued expenses	8,969	17	5,901
,	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D .		21	
S	22	Loans and other payables to current and former officers, directors,			
Iŧie		trustees, key employees, highest compensated employees, and			
Liabilities		disqualified persons. Complete Part II of Schedule L		22	
Ë	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	11,035	25	11,657
	26	Total liabilities. Add lines 17 through 25	20,004		17,558
		Organizations that follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 27 through 29, and lines 33 and 34.			
ဦ	07	Unrestricted net assets		27	225 270
ala	27	Temporarily restricted net assets	249,318	28	325,370
ä	28 29	Permanently restricted net assets		29	<del></del>
Net Assets or Fund Balances	29	Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.		29	
ည	30	Capital stock or trust principal, or current funds	······································	30	
se	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
As	32	Retained earnings, endowment, accumulated income, or other funds.		32	
et	33	Total net assets or fund balances	249,318	33	325,370
~	34	Total liabilities and net assets/fund balances	269,322	34	342,928
_					Form <b>990</b> (2017)

Form 99	90 (2017)			Pa	ge <b>12</b>
Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1			29,831
2	Total expenses (must equal Part IX, column (A), line 25)	2		3	3,780
3	Revenue less expenses. Subtract line 2 from line 1	3			
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		24	19,318
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10_		32	25,370
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u> </u>	<u> </u>		
1	Accounting method used to prepare the Form 990:   Cash Accrual Other  If the organization changed its method of accounting from a prior year or checked "Other," ex Schedule O.	plaın ın		Yes	No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were com reviewed on a separate basis, consolidated basis, or both:		2a	1	
	☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	<b>✓</b>	
	If "Yes," check a box below to indicate whether the financial statements for the year were audite separate basis, consolidated basis, or both.	ed on a			
	✓ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or of the audit, review, or compilation of its financial statements and selection of an independent account		2c	<b>✓</b>	
	If the organization changed either its oversight process or selection process during the tax year, ex Schedule O.	plain in			
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set the Single Audit Act and OMB Circular A-133?	forth in	3a		<b>√</b>

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

Form **990** (2017)

### **SCHEDULE A** (Form 990 or 990-EZ)

**Public Charity Status and Public Support** 

OMB No 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization

Employer identification number

			ve Voice						771715	
Pai		_	Reason for Public Cha						ons.	
The o	_		ation is not a private founda		-					
1			hurch, convention of churc							
2			chool described in section							
3			ospital or a cooperative ho						(m) = 1	
4	Ц		nedical research organization spital's name, city, and stat		onjunction with a nosp	onai desc	inbea in :	section 170(b)(1)(A)	(III). Enter the	
5			organization operated for		college or university	owned o	r operate	ed by a government	tal unit described in	
3	Ш		ction 170(b)(1)(A)(iv). (Com		college of university	Owned c	и орстан	sa by a government	tai unit described ii	
6	П		ederal, state, or local gover		mental unit described	l in sectio	on 170/b	\(1)(A)(v).		
7			organization that normally						n the general public	
	described in section 170(b)(1)(A)(vi). (Complete Part II.)									
8										
9			agricultural research organ			· ·	erated in	conjunction with a l	and-grant college	
		or (	university or a non-land-gra versity:							
10	✓	An	organization that normally	receives: (1) mor	e than 331/3% of its si	upport fro	om contri	butions, membershi	p fees, and gross	
		rec	eipts from activities related port from gross investmen	to its exempt full t income and uni	nctions—subject to c related business taxal	ertain exc ble incon	ceptions, re (less s	and (2) no more tha ection 511 tax) from	n 331/3% of its businesses	
		acc	quired by the organization a	fter June 30, 197	75. See <b>section 509(a</b>	a)(2), (Coi	mplete Pa	art III.)		
11			organization organized and	•		-				
12			organization organized and							
			one or more publicly suppo eck the box in lines 12a thro							
_				-	* *		_			
а		Ш	<b>Type I.</b> A supporting organization							
			supporting organization. Y	• •	•		- •	ine directors or trust	ccs of the	
b		П	Type II. A supporting orga	-				supported organizati	on(s) by having	
_		_	control or management of	•						
			organization(s). You must				•		<i></i>	
С			Type III functionally integ	rated. A suppor	tıng organızatıon oper	rated in c	onnectio	n with, and functions	ally integrated with,	
			its supported organization(	(s) (see instructio	ns). <b>You must comp</b> l	lete Part	IV, Secti	ions A, D, and E.		
d			Type III non-functionally							
			that is not functionally inte						id an attentiveness	
			requirement (see instructio	•	•		-			
е			Check this box if the organ						e II, Type III	
	_		functionally integrated, or				-	ion.		
f			the number of supported of the following information	•					•	
<u>g</u>			<del></del>		<del></del>			( A A	(m) Amount of	
	(1)	varrie	e of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	listed in you	organization or governing	(v) Amount of monetary support (see	(vi) Amount of other support (see	
					above (see instructions))	docu	ment?	instructions)	instructions)	
						Yes	No	1		
			<del></del>							
(A)										
(B)										
(C)										
(D)			_	_	_					
(E)										
				l		l	i e			

Part								
	(Complete only if you checked the						alify under	
	Part III. If the organization fails to	qualify unde	er the tests lis	sted below, p	lease comple	ete Part III.)		
	on A. Public Support				<del></del>	<del></del> -	<i>[i</i>	
	dar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	<b>(e)</b> 2017	/(f) Total	
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")					/	/	
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf					/		
3	The value of services or facilities furnished by a governmental unit to the organization without charge				/			
4	Total. Add lines 1 through 3							
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)			pat				
6	Public support. Subtract line 5 from line 4			L		L		
	on B. Total Support	(a) 0010	(h) 2014	(-) 2015	(4) 0016	(a) 2017	(6) Tatal	
Galen 7	dar year (or fiscal year beginning in) Amounts from line 4	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	<b>(e)</b> 2017	(f) Total	
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources		j	,				
9	Net income from unrelated business activities, whether or not the business is regularly carried on							
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)							
11	Total support. Add lines 7 through 10	,						
12	Gross receipts from related activities, etc.					12		
13	First five years. If the Form 990 is for the	- /			_			
	organization, check this box and stop he			<u> </u>	<u> </u>		· · <b>&gt;</b> 🗆	
	on C. Computation of Public Suppor	<u> </u>			<del></del>			
14	Public support percentage for 2017 (line 6					14	<u>%</u>	
15	Public support percentage from 2016 Sch					15	%	
16a	331/3% support test—2017. If the organi box and stop here. The organization qua							
b	331/3% support test-2016. If the organi	zation did not	check a box o	n line 13 or 16	a, and line 15	ıs 33 <sup>1</sup> /3% or me	ore, check	
17a	this box and <b>stop here.</b> The organization qualifies as a publicly supported organization							
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organization in Part VI how the organization in supported organization.	ition meets th	e "facts-and-o	circumstances'	' test, check t	his box and s	top here.	
18	Private foundation. If the organization di	d not check a	box on line 13,	, 16a, 16b, 17a	ı, or 17b, check	this box and	see	
	instructions				-		▶ []	
					Sch	edule A (Form 990	or 990-EZ) 2017	

## Support Schedule for Organizations Described in Section 509(a)(2)

If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in the property of the property). (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.

	or A. I abile capport						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2013	<b>(b)</b> 2014	(c) 2015	( <b>d)</b> 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees					}	
_	received. (Do not include any "unusual grants.")	215,525	454,560	186,874	499,755	315,806	1,672,520
2	Gross receipts from admissions, merchandise sold or services performed, or facilities					1	
	furnished in any activity that is related to the	J		<u> </u>		]	
	organization's tax-exempt purpose	19,178	36,143	6,133	17,754	116,124	195,332
3	Gross receipts from activities that are not an	}				.	
	unrelated trade or business under section 513						
4	Tax revenues levied for the				ĺ	ľ	
	organization's benefit and either paid to			ļ		ļ	
	or expended on its behalf						
5	The value of services or facilities		ì	}	ĺ		
	furnished by a governmental unit to the organization without charge						
_	_		400 700	400.007		404 000	
6 7a	<b>Total.</b> Add lines 1 through 5 Amounts included on lines 1, 2, and 3	234,703	490,703	193,007	517,509	431,930	1,867,852
1 a	received from disqualified persons .	0	0	o	٥	0	0
b	Amounts included on lines 2 and 3						
Ь	received from other than disqualified		ļ			ļ	
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year	o	اه	o	o	o	0
С	Add lines 7a and 7b	0	o	0	0	0	0
8	Public support. (Subtract line 7c from						
	line 6.)						1,867,852
	on B. Total Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	<b>(e)</b> 2017	(f) Total
9	Amounts from line 6	234,703	490,703	193,007	517,509	431,930	1,867,852
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents, royalties, and income from similar sources.	_	أـ			{	
L	· · · · · · · · · · · · · · · · · · ·	4	6	14	21	27	72
b	Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired after June 30, 1975	o	اه	0	o	o	0
С	Add lines 10a and 10b	4	6	14	21	27	
11	Net income from unrelated business						
•	activities not included in line 10b, whether	•				ł	
	or not the business is regularly carried on	o	o	0	o	0	0
12	Other income. Do not include gain or						
	loss from the sale of capital assets		ł	ł		}	
	(Explain in Part VI.)	1,660	380	0	0	(2,126)	(86)
13	Total support. (Add lines 9, 10c, 11,		j	İ		[	
	and 12.)	236,367	491,089	193,021	517,530	429,831	1,867,838
14	First five years. If the Form 990 is for the	_			_		
C4:	organization, check this box and stop her			<del>· · · · · · · · · · · · · · · · · · · </del>	<del></del>	· · · · ·	<b>&gt;</b> 🗸
5ecti 15	on C. Computation of Public Suppor Public support percentage for 2017 (line 8			3 column (fl)		15	%
16	Public support percentage from 2016 Sch		-			16	<del></del>
	on D. Computation of Investment Inc			· · · · · ·	<del></del>	1101	
17	Investment income percentage for 2017 (I			/ line 13, colun	nn (f))	17	%
18	Investment income percentage from 2016	•				18	<del>%</del>
19a	331/3% support tests-2017. If the organi					ore than 331/3%	
	17 is not more than 331/3%, check this box a						
b	331/3% support tests-2016. If the organiz						
	line 18 is not more than 331/3%, check this b	oox and stop he	e <b>re.</b> The organi	zation qualifies	as a publicly st	upported organi	zation 🕨 🔲
20	Private foundation. If the organization did	d not check a b	oox on line 14,	19a, or 19b, c	heck this box	and see instruc	tions 🕨 🗌

### SCHEDULE C (Form 990 or 990-EZ)

# **Political Campaign and Lobbying Activities**

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ Complete if the organization is described below.
▶ Attach to Form 990 or Form 990-EZ. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below. Do not complete Part I-B.
- · Section 527 organizations Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B. Do not complete Part II-A

West of the State Cook Doubly line 5 (Dream Toy) (see concrete instructions) or Form COO E7, Doubly line 25 (Dream Toy)

Tax) (5	see separate instructions), t		xy Tax) (see separa	te instructions, or r orm 990	-LZ, Fart <b>v</b> , line 330 (Froxy
	ection 501(c)(4), (5), or (6) orga of organization	anizations. Complete Part III.		Employer ide	ntification number
	•			Linployer idei	
Part	rn Native Voice	e organization is exempt un	dor coation 501	(a) ar is a section 527	45-3771715
1 2 3	Provide a description of definition of "political campaign activitions"	f the organization's direct and	indirect political ca	ampaign activities in Parl	t IV. (see instructions for
Part		e organization is exempt un			<del></del>
1 2 3 4a b	Enter the amount of any Enter the amount of any If the organization incurred	excise tax incurred by the organiexcise tax incurred by organization a section 4955 tax, did it file F	zation under section on managers under orm 4720 for this y	on 4955	Yes No
Part	I-C Complete if the	e organization is exempt un	der section 501	(c), except section 501	(c)(3).
1 2	activities	ly expended by the filing organ			
3 4 5	line 17b Did the filing organization Enter the names, address organization made paymenthe amount of political co	expenditures. Add lines 1 and	ar?	section 527 political organic paid from the filing organic ydelivered to a separate p	izations to which the filing ization's funds. Also enter political organization, such
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-,	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization if none, enter -0
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

Sch	edule C	(Form 990 or 990-EZ) 2017					Page <b>2</b>
Pa	rt II-	A Complete if the organization section 501(h)).	n is exempt u	nder section 50	01(c)(3) and filed	Form 5768 (ele	ection under
Ā	Chec	ok ► ☐ if the filing organization belong address, EIN, expenses, and	•	•		liated group memb	er's name,
В_	Chec	k   if the filing organization check	ed box A and "	limited control" pr	ovisions apply.		
		Limits on Lobb (The term "expenditures" me			)	(a) Filing organization's totals	(b) Affiliated group totals
1	a T	otal lobbying expenditures to influence	public opinion (	(grass roots lobby	ıng)		
	b T	otal lobbying expenditures to influence	7,513				
	c T	otal lobbying expenditures (add lines 1a	and 1b)			7,513	
	d C	Other exempt purpose expenditures .				246,267	
	e T	otal exempt purpose expenditures (add	lines 1c and 1d	d)		253,780	
		obbying nontaxable amount. Enter tolumns.	50,756				
		the amount on line 1e, column (a) or (b) is:	00,700				
	_	ot over \$500,000	<del> </del>	nontaxable amount ount on line 1e.			
	_	ever \$500,000 but not over \$1,000,000	<del></del>	15% of the excess of			
	_	ever \$1,000,000 but not over \$1,500,000	<del> </del>	10% of the excess of			
		ever \$1,500,000 but not over \$17,000,000	<del></del>	5% of the excess or			
		over \$17,000,000	\$1,000,000.				
	g Grassroots nontaxable amount (enter 25% of line 1f)						<del></del>
		Subtract line 1g from line 1a. If zero or le				12,689 0	
		Subtract line 1f from line 1c. If zero or les				0	
		f there is an amount other than zero		1h or line 1i, did	the organization	file Form 4720	
		eporting section 4911 tax for this year?			<u> </u>	1	Yes No
		(Some organizations that made a sec	tion 501(h) ele	Period Under sector do not have uctions for lines	e to complete all	of the five columr	ns below.
		Lobbying	Expenditures	During 4-Year Av	eraging Period		
		Calendar year (or fiscal year beginning in)	<b>(a)</b> 2014	<b>(b)</b> 2015	<b>(c)</b> 2016	<b>(d)</b> 2017	(e) Total
	2a L	obbying nontaxable amount	68,126	47,569	81,212	50,756	247,663
		obbying ceiling amount 150% of line 2a, column (e))					371,495
	с Т	otal lobbying expenditures	62,528	1,222	0	7,513	71,263

17,032

11,892

20,303

d Grassroots nontaxable amount

Grassroots ceiling amount (150% of line 2d, column (e))

Grassroots lobbying expenditures

Schedule C (Form 990 or 990-EZ) 2017

61,916

92,874

12,689

Part I	(election under section 501(c)(3) and has NOT	filed	Forn	n 5768	3	
	ach "Yes," response on lines 1a through 1i below, provide in Part IV a detailed	(:	a)	)		
	ption of the lobbying activity.	Yes	No	Δ.	\moun	t
	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of					
	Volunteers?					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
С	Media advertisements?					
d	Mailings to members, legislators, or the public?			ļ		
е	Publications, or published or broadcast statements?	<b> </b>	ļ	ļ		
f	Grants to other organizations for lobbying purposes?	<b> </b>	<u> </u>	<del> </del>		
g	Direct contact with legislators, their staffs, government officials, or a legislative body?			<del> </del>		
h :	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .			<del>  -</del> -		
1	Other activities?	<u> </u>		<del> </del>		
J 2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			<del> </del>		
za b	If "Yes," enter the amount of any tax incurred under section 4912	<u> </u>				
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .	<u> </u>		<u> </u>		
ď	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			<b></b> -		
Part I		)(5), (	or se	ction		
					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2	$\coprod$	
3_	Did the organization agree to carry over lobbying and political campaign activity expenditures from the	prior	year?	3		<u>L</u>
Part I	Complete if the organization is exempt under section 501(c)(4), section 501(c 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," O answered "Yes."				line	3, is
1	Dues, assessments and similar amounts from members		1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts political expenses for which the section 527(f) tax was paid).	of				
а	Current year		2a			
b	Carryover from last year		2b			
С	Total		2c			_
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .		3	<u> </u>		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of excess does the organization agree to carryover to the reasonable estimate of nondeductible lobb		i			
_	and political expenditure next year?	•	4	ļ		
5	Taxable amount of lobbying and political expenditures (see instructions)		5	L		
Part	Supplemental Information e the descriptions required for Part I-A, line 1, Part I-B, line 4; Part I-C, line 5, Part II-A (affiliated gro	un lini	N. Do	+ 11 Λ	lines 1	land
2 (see	instructions); and Part II-B, line 1. Also, complete this part for any additional information.					and
We dis	seminated daily information updates to our members and supporters on the progress of legislation ident	ified a	s imp	ortant i	to our	
commı	unities. We hosted the Native Day of Action to connect Native Americans across Montana with legislators	and e	electe	d offici	als	
during	Montana's legislative session. We drafted legislation to formally allow Native regalia at public ceremonic	s like	grad	uation a	and	
it pass	ed during the legislative session. We testified on legislation ranging from the proposed state budget, su	cide p	rever	ntion ef	forts,	
langua	ge and culture preservation, and voting rights.					

### SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Name of the organization Employer identification number Western Native Voice 45-3771715 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year . . . . . . . Aggregate value of contributions to (during year) 2 Aggregate value of grants from (during year) 3 Aggregate value at end of year . . . . Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . . . ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area ☐ Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation Held at the End of the Tax Year easement on the last day of the tax year. Total number of conservation easements . . . . . . . . . . 2a 2b Total acreage restricted by conservation easements . . . . . . . . . Number of conservation easements on a certified historic structure included in (a) . . . . 2c Number of conservation easements included in (c) acquired after 7/25/06, and not on a 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 Number of states where property subject to conservation easement is located > 4 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 5 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items. (i) Revenue included on Form 990, Part VIII, line 1 . . . . . . . . . If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items. Revenue included on Form 990. Part VIII. line 1 . . . . . . . . . . .

Assets included in Form 990, Part X

ali ibadas	n	(Form	990)	2017

Page 2

Pan									
3	Using the organization's acquisition, a collection items (check all that apply):	accession, and of	ther reco	rds, ched	ck any of th	ne follo	wing that are a	a significant use of i	ts
а	Public exhibition		ď	☐ Loan	or exchan	ge prog	rams		
b	Scholarly research		е	☐ Othe	r				
C	☐ Preservation for future generations								
4	Provide a description of the organization XIII.	on's collections	and expl	aın how t	hey further	the ore	ganızatıon's ex	empt purpose in Pa	ırt
5	During the year, did the organization	solicit or receive	donation	ns of art,	historical t	reasure	s, or other sin	nılar	
	assets to be sold to raise funds rather		ained as	part of th	e organızat	ion's co	ollection? .	· 🔲 Yes 🗌 No	0_
Part									_
	Complete if the organization 990, Part X, line 21.								_
1a	Is the organization an agent, trustee, included on Form 990, Part X?			-				not Yes N	0
b	If "Yes," explain the arrangement in Pa	rt XIII and compl	ete the fo	ollowing t	able:				
						_		Amount	_
c	Beginning balance					10	<u> </u>		
þ	Additions during the year					10	1	·	_
е	Distributions during the year					16			
f	Ending balance								_
2a	Did the organization include an amoun								٥
b	If "Yes," explain the arrangement in Pa	rt XIII. Check her	e if the e	xplanatio	n has been	provid	ed on Part XIII	<u> </u>	_
Par	V Endowment Funds.								
	Complete if the organization								_
	<u> </u>	(a) Current year	( <b>b)</b> Pri	or year	(c) Two yea	rs back	(d) Three years ba	ack (e) Four years back	:
1a	Beginning of year balance				<u> </u>				_
b	Contributions				<u> </u>				
С	Net investment earnings, gains, and	,					:		
	losses				ļ				_
d	Grants or scholarships								
е	Other expenditures for facilities and								
	programs								
f	Administrative expenses								
g	End of year balance								_
2	Provide the estimated percentage of the			e (line 1g	j, column (a	ı)) held	as'		
а	Board designated or quasi-endowmen	t <b>&gt;</b>	<b>%</b>						
b	Permanent endowment	%							
С	Temporarily restricted endowment ▶	%							
	The percentages on lines 2a, 2b, and 2	c should equal 1	00%.						
3а	Are there endowment funds not in the	possession of the	ne organı	zation th	at are held	and ad	ministered for	the	_
	organization by:							Yes No	<u>,                                     </u>
	(i) unrelated organizations							. 3a(i)	_
	(ii) related organizations							. 3a(ii)	_
b	If "Yes" on line 3a(ii), are the related or	ganizations listed	as requi	red on So	chedule R?			. 3b	
4	Describe in Part XIII the intended uses	of the organization	on's endo	owment f	unds.				
Part	VI Land, Buildings, and Equip	ment.	_						_
	Complete if the organization	answered "Yes	" on For	m 990, I	art IV, lin	e 11a.	See Form 99	0, Part X, line 10.	
	Description of property	(a) Cost or ot (investm		1	or other basis ther)		Accumulated epreciation	(d) Book value	
1a	Land			L					_
b	Buildings								_
С	Leasehold improvements								_
d	Equipment				11,845		(5,493)	6,35	12
_ е	Other								
Total.	Add lines 1a through 1e. (Column (d) m	ust equal Form 9	90, Part 2	X, columr	n (B), line 10	)c.)			_

Part VII	Investments—Other Securities Complete if the organization ans		rm 990. Part IV. In	ne 11b. See Form	990 Part X line 12
	(a) Description of security or categor (including name of security)		(b) Book value	(c) Me	thod of valuation d-of-year market value
(1) Financia	I derivatives				
(2) Closely-l	held equity interests				
(3) Other					<del></del>
(A)			 	<del> </del>	
(B)				<del> </del>	
(C)				<del> </del>	<del></del>
(D) (E)				<del> </del>	
(F)			<u> </u>	<del></del>	
(G)					
(H)				<del> </del>	
Total. (Column	(b) must equal Form 990, Part X, col. (B) line 12 ) ▶				· · · · · · · · · · · · · · · · · · ·
Part VIII	Investments—Program Relate Complete if the organization ans		rm 990, Part IV, lıı	ne 11c. See Form	990, Part X, line 13.
	(a) Description of investment		(b) Book value		thod of valuation I-of-year market value
(1)					
(2)					
_(3)				<del></del>	
_(4)				-	
(5)				<del></del> -	
(6)				<del>-</del>	
(7)		<del></del>	<del></del>	<del> </del>	<del></del>
(8)		<del></del>		<del></del>	
	(b) must equal Form 990, Part X, col (B) line 13.)	<del></del>	<del></del>	<del> </del>	
Part I X	Other Assets.		<u> </u>		
	Complete if the organization ans	wered "Yes" on For	m 990, Part IV, III	ne 11d. See Form	990, Part X, line 15.
		(a) Description	<del></del>		(b) Book value
_(1)		<del></del>	<u> </u>	· · · · · · · · · · · · · · · · · · ·	
(2)			<del></del>	<del></del>	
(3)		<del></del>			
(4)				<del></del>	
(5)				<del></del>	
(7)		<del></del>			
(8)					
(9)					
	ımn (b) must equal Form 990, Part X, c	col. (B) line 15.)		▶	
Part X	Other Liabilities. Complete if the organization ans line 25.	wered "Yes" on For	m 990, Part IV, lır	ne 11e or 11f. Se	e Form 990, Part X,
1.	(a) Description of liability	(b) Book value			
(1) Federal II		<del> </del>			
	Carryover Liability		6,557		
	Retirement Contribution Payable		5,100		
(4)					
(5)					
(6)		ļ			
(7)		<b>_</b>			
(8)		<del> </del>			
(9)	(1) IF 000 P (2)	<del> </del>			
	b) must equal Form 990, Part X, col (B) line 25) > r uncertain tax positions. In Part XIII, prov		1,657	in's financial statems	ante that reporte the
organization	r uncertain tax positions. In Part XIII, prov s liability for uncertain tax positions unde	r FIN 48 (ASC 740). Che	ck here if the text of	the footnote has bee	en provided in Part XIII

Part				Return.	
	Complete if the organization answered "Yes" on Form 990,				
1	Total revenue, gains, and other support per audited financial statements			1	432,177
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	امما	I	1 1	
a	Net unrealized gains (losses) on investments		<del></del>	<del> </del>	
b	Donated services and use of facilities		·	1 ]	
C	Recoveries of prior year grants	2c 2d		1 1	
d	Other (Describe in Part XIII.)		<del></del>		
e	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1	i '		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 4- 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b		40.04.0	1 1	
b	Other (Describe in Part XIII.)		(2,346)		
c	Add lines 4a and 4b			4c	(2,346)
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line		VACAL Francisco	5	429,831
Part	Reconciliation of Expenses per Audited Financial Stater Complete if the organization answered "Yes" on Form 990,			er Heturi	1.
<del></del>	· · · · · · · · · · · · · · · · · · ·		v, iiie iza.	1	356,126
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			<del> </del>	336,126
	Donated services and use of facilities	2a		1	
a		2b		1	
b	Prior year adjustments	2c	<del></del>	<del> </del>	
ب 2	Other losses	2d			
d	Other (Describe in Part XIII.)				
e	Add lines 2a through 2d			2e	
3		i ı	· · · · · · · ·	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1	1. 1		} }	
а	Investment expenses not included on Form 990, Part VIII, line 7b				
b	Other (Describe in Part XIII.)		(2,346)		
c	Add lines 4a and 4b			4c	(2,346)
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information.	IE 16)	<del> </del>	5	353,780
	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part franchandise purchases is reported with revenue on the form 990; it is reported.				
<del>-</del>					

### SCHEDULE O (Form 990 or 990-EZ)

## Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection

Name of the organization	Employer identification number						
Western Native Voice	45-3771715						
Part VI, Section B, Line 11b: The form 990 is prepared by the comptroller, reviewed by staff, and then distributed to the board of directors							
for review prior to filing.							
Line 12c: Our board of directors reviews governing policy documents on a periodic basis and addresses potential conflicts of interest							
as they arise.							
Lines 15a & b: The executive director's salary adjustment and performance evaluation are determined	by the board of directors on an						
annual basis. The executive director is responsible for conducting performance evaluations and deter	ming salaries and annual adjustments						
for all other staff members. Rates of pay are designed to be within parameters of current regional wages as reported in Department of Labor							
wage and salary surveys.							
Section C, Line 19: Our governing documents, including our application for exemption and annual rep	orting, are made available upon						
request. Financial statements are available to our board of directors and management on a perpetual basis, we generally do not distribute							
that information to the general public.							